NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

before submitting or form will be returned.

Reporting	Information	savotejanasous.		FOR OFFICE USE ONLY	D
Year: 2012				RECEIVED JAN N 8 2013	
Fill in circle if ame	endment 🜒		•		,
Report Period:	O January/June	July/Decem	nber	HAND DELIVERED	
Type of Lobbying:	Nonprocurement	O Procuremen	nt OBoth		81
Client Filing Fee Ch	neck Number:	49			

Cli	ent Filing Fee Check I	Number:						
Table 1	Client Informa	noite						
No	ime: New Yor	K State Fede	ration	of Schoo	1 Ac	Lministrator.	2	
Pe	rmanent Business A	ddress: 40 Rect	or Stree	t				
Cit	y: New York			State	. 1	Pi	ZIP code:	10006
BU:	siness Phone: 212	-893-9090		Fax N	lumb	er:		
Thi	rd Party Beneficiary	(see instructions):						10 10 10 10 10 10 10 10 10 10 10 10 10 1
	Lobbyist(s) In	formation & Cozation that has lobbied	mpenso	tion (Curr	emir ust b	Period Only) e reported below	regardless of w	hether the
thr	eshold was exceeded	d by that individual or	organizatio	n.	1031 0	e reperied below,	ogara.co.	
A	Type of Lobbyist:	O Retained	O Emp	oloyed	0	Designated		
	Level of Gov't:	O State Lobbying	O Loc	al Lobbying	0	Both		
	Name:	5	es .			Phone Number:		
	Address:					* 4.5°		
	City:					State:	ZIP cod	e:
	Compensation for	r current period: \$.00				
В	Type of Lobbyist:	O Retained	O Emp	oloyed	\circ	Designated ·		
	Level of Gov't:	O State Lobbying	O Loc	al Lobbying	\circ	Both		
	Name:					Phone Number:		
	Address:							
	City:					State:	ZIP cod	de:
	Compensation fo	r current period: \$.00				
C	Type of Lobbyist:	Retained	O Em	ployed	0	Designated		

V Other Expenses (Current Semi-Annua	THE RESERVE OF THE PARTY OF THE	17)			<u> </u>	7
Report in the aggregate all expenses less than or equa			\$.00	
Report in the aggregate all expenses for salaries of non	-lobbying emplo	oyees:	\$.0	O .
Itemize each expense exceeding \$75:	DATE:	, ,		S		· 1 = 1
AID TO:	DATE:	1	00	7.0		ocial Event
JRPOSE:	AMOUNT: \$.00) *Adde	ndum atta	ached
PROCUREMENT O NONPROCUREMENT	DATE:	1				100000
AID TO:	DATE:	/	00	710		ocial Event
JRPOSE:	AMOUNT: \$.00	*Adde	ndum att	ached
PROCUREMENT O NONPROCUREMENT						
Continued on attached pages # If any expense listed above exceeds \$75 for an	is dividual, you	must attac	sh the add	endum no	age listing	the
* It any expense listed above exceeds \$75 for an expense, dollar amount attributable to the indiv	idual and the r	ame, title	and emplo	endom po oyer of the	individua	ıl.
Total expenses for current period: \$.00 (if applica	ble, include	e all expens	ses from a	ttached po	ages in total
					erana sur	
Source of Funding Disclosure	landa di sala	C	- Contribu	dian(a) us	a Saction	In the
structions: In the event only one person or entity is lise event multiple persons or entities have been	en aggregated	as a Single	Source for	a Contribu	ution(s), use	e Section B.
A Below, list all Contributions received from t received. If more than five Contributions f	he Single Source	e include	the date a	nd the am	ount of the	Contribution
Addendum for the additional Contribution	s.					
ontribution(s) from Single Source #1						11 22
ngle Source Entity's Name: New York Cites	Council of	School	Sobero	18042 0	und Ad	ministre
ngle Source Person's Last Name:		First Name	e:			
ddress: 40 Rector Street, 12th Floor						
City: New York		State: (VY		ZIP code	: 1006
hone: 213-833-2030						
oate Contribution Received: 🧣 / 🚶 / Əov	a Amour	it of Contr	ribution: \$	590	59	00
oate Contribution Received: 9/31/201	Amour	it of Contr	ribution: \$	5,8	54 .	00
Date Contribution Received: 9/28/201	⇒ Amour	it of Contr	ribution: \$	5.8	65.	00
				- 0	12 mars 12 m 4 m	
Date Contribution Received: 11 / 19 / 2017	A Amour	it of Conti	ribution: \$	5,8	66 .	00
	- N		ribution: \$ ribution: \$			00 00
pate Contribution Received: 12/6/201	amour	nt of Contr				00
nate Contribution Received: 12/6/2010 heck here if using section V(C) of the Addendum for add	amour	nt of Contr				00
Date Contribution Received: 12/6/2010 Theck here if using section V(C) of the Addendum for addition(s) Single Source #2	ට Amour Hitional Contribu	nt of Contr tions:	ribution: \$	5,8	v v .	00
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nate Contribution Received: 12/6/2016 heck here if using section V(C) of the Addendum for addition(s) Single Source #2 ingle Source Entity's Name: NAC Council of ingle Source Person's Last Name:	ට Amour Hitional Contribu	nt of Contr tions:	ribution: \$	5,8	v v .	00
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Contribution Received: 12/6/2016 Contribution(s) Single Source #2 ingle Source Entity's Name: NAC Council of or ingle Source Person's Last Name: Address: 40 Ceda Saret City: New Nac Celebra Saret Contribution Received: 3/2/2010 Oate Contribution Received: 9/3/20	Amour School School Amour Amour	tof Contractions: Porcisor First Nam State: ont of Contract o	ribution: \$ \$ 7 Adm e: JY ribution: \$ ribution: \$	inismade	ZIP code	00 Aivee Cer 3: 00 00 00
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VA PAOJANIE	e of Funding Disclosure	4			A CONTRACTOR OF THE	
В	Single Source information for a Contr	ibution(s)	from mi	ultiple, Related, or Affiliated Entities		
Contributio	ns from Single Source #1					
Related or	Affiliated Entity or Person:					
Enti	ty's or Person's Full Name:					
Enti	ty's or Person's Address:					
Enti	ty's or Person's Phone:					
Dat	es and Amounts of Contributions fror	n Entity c	r Perso	n:		
	Date Contribution Received:	/	1	Amount of Contribution: \$.00
	Date Contribution Received:	1	/	Amount of Contribution: \$.00
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	Check here if using section V(C) of t	ne Adden	dum for	additional Contributions:	\circ	
Related or	Affiliated Entity or Person:					
Enti	ty's or Person's Full Name:					
Enti	ty's or Person's Address:					
Enti	ty's or Person's Phone:					180
Dat	es and Amounts of Contributions fror	n Entity c	or Perso	n:		
	Date Contribution Received:	/	/	Amount of Contribution: \$.00
	Date Contribution Received:	/	/	Amount of Contribution: \$.00
	Date Contribution Received:	/	/	Amount of Contribution: \$.00
	Check here if using section V(C) of t	he Adden	dum for	r additional Contributions:	\bigcirc	
Check here	if using section V(B) of the Addendum fo	r addition	al Relat	ed, or Affilated Entities or Persons:		0
Contributio	ns from Single Source #2					
Related or	Affiliated Entity or Person:					
Enti	ty's or Person's Full Name:					
Enti	ty's or Person's Address:					
Enti	ty's or Person's Phone:					
Dat	es and Amounts of Contributions fror	n Entity c	or Perso			
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	Check here if using section $V(C)$ of t	he Adden	dum fo	r additional Contributions:	\bigcirc	
Related or	Affiliated Entity or Person:					
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			*			
Check here	if using section V(B) of the Addendum fo	r addition	al Relat	ed, or Affilated Entities or Persons:		

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Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

			Ĭ
Contributions from Single Source #3			
Single Source Entity's Name: Butfal	e Canci	1 of School Simplifiers =	+ Administrators
or Single Source Person's Last Name:		First Name:	
Address: P. o Box 1228			
City: Buffalle		State: WY	ZIP code: 😭 142
Phone:			g.
Date Contribution Received: 10 / 14	1 2013	Amount of Contribution: \$	3aa .00
	1 3013		00. GGE
	13013	Amount of Contribution: \$	00. GGE
Date Contribution Received: /	/	Amount of Contribution: \$.00
Date Contribution Received: /	/	Amount of Contribution: \$.00
Check here if using section V(C) of the Adden	dum for additio	onal Contributions:	0
Contributions from Single Source #		T	
Single Source Entity's Name:			a .
or Single Source Person's Last Name:		First Name:	
Address:		74	*
City:		State:	ZIP code:
Phone:			
Date Contribution Received: /	/	Amount of Contribution: \$.00
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Contributions from Single Source #			
Single Source Entity's Name: or			
Single Source Person's Last Name:		First Name:	
Address:			8
City:		State:	ZIP code:
Phone:			
Date Contribution Received: /	/	Amount of Contribution: \$.00
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Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions:

Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Information for one Person or Entity for a single Contribution.

C Single Source Inform	mation for c	one Person or E	ntity for a single Contribution.	
Contributions from Single Source	e #_1_			ā
Single Source(or Related or Affil	iated) Ent	ity's Name: 🖡	INC Council of School Sper	ruisars a Administrata
or Single Source (or Related or Aff				
Address: 4 c Rector Str	- 6			
City: New York			State: N	ZIP code: 10006
Phone: 212-823-203	0			
Date Contribution Received:		8/2013	Amount of Contribution: \$	7,331.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
Date Contribution Received:	/	/	Amount of Contribution: \$.00
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VI Subjects lobbied:	VII Person, State Agency, Municipality or Legislative Body lobbied:
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	*
	9
Continued on attached pages	O Continued on attached pages
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intendintroduction of legislation or a resolution on which	VIIITitle and Identifying Numbers of procurement ed contracts/documents lobbied:
you lobbied:	
O Continued on attached pages	Continued on attached pages
IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:
+	
O Continued on attached pages	Continued on attached pages
XI Declaration	
This Declaration must be signed by the Chief Admin	sistrative Officer. (If the Chief Administrative Officer, for any
I declare under penalty of perjury that the	information contained in this report is true,
correct, and complete to the best of my ki	
X SIGNATURE: Titer J. Mchaly	DATE: 11713
PRINT NAME: LAST MCNAILY	FIRST Peter
TITLE: Executive Director	
Mark One: Chief Administrative Officer	O Designee(Attach Letter)
the following Muley be supplied to the	
The following MUST be attached to this	ni-annual report. (No fee is required for amendments to the original)

--If applicable, a designation letter if you have marked designee in section XI. --If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.